CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient

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Michelle Sympson

September 10, 2003 (Date of Deposit)

Virginia 22313-1450, on the date below.



HE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Corbeil, et al.

Title:

VACCINE BASED ON

ATTENUATED

HAEMOPHILUS SOMNUS

Appl. No.:

09/787,964

Appl. Filing Date: 09/25/1999

Examiner:

Albert Mark Navarro

Art Unit:

1645

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

RECEIVED

SEP 1 7 2003

Mail Stop RCE Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

TFCH CENTER 1600/2900

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

- 1. Submission required under 37 C.F.R. §1.114: (check items that apply)
 - a. Previously submitted:
 - Please enter and consider the amendment/reply previously filed on August
 - Please consider the Affidavit(s)/Declaration(s) previously filed on ___ but not [] considered.
 - Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on ...

09/16/2003 ANDHOAF1 00000107 500872 09787964

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375.00 DA

-1-

Atty. Dkt. No. 041673-2048

[]	Other	
b. En	closed are:	
[]	Amendment/Reply.	
[]	Affidavit(s)/Declaration(s).	RECEIVED
[X]	Information Disclosure Statement.	SEP 1 7 2003
[X]	Form PTO-1449 with copies of 19 listed reference(s).	_
[]	Other.	TECH CENTER 1600/2900

Miscellaneous:

[] Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ___ months.

The filing fee is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate	• • •	Fee Totals
RCE Fee 1.17(e)							\$750.00		\$750.00
Totl Claims:	11	X	20	=	0	x	\$18.00	=	\$0.00
Independents:	1	X	3	=	0	x	\$84.00	=	\$0.00
First presentation	on of any M	ultipl	e Dependen	t Clai	ims:	+	\$280.00	=	\$0.00
						CLAIMS	EE TOTAL:	=	\$750.00

Ap	plicant hereby petitions for an extension of tin the total number of months		R. §1.136(a) fo
[]	Extension for response filed within the first month:	\$110.00	\$0.00
[]	Extension for response filed within the second month:	\$410.00	\$0.00
[]	Extension for response filed within the third month:	\$930.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
[]	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
	EXTENSIO	N FEE TOTAL:	\$0.00
	CLAIMS AND EXTENSION	\$750.00	
[X]	Small Entity Fees Apply (subtract	\$375.00	
[]	Suspension of action requested under 37 C.F	.R. § 1.103(c)	\$0.00
		TOTAL FEE:	\$375.00

- Please charge Deposit Account No. 50-0872 in the amount of \$375.00. A duplicate copy of this transmittal is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be [X] required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

[

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(858) 792-6773

Stacy L. Taylor

Attorney for Applicant

Registration No. 34,842